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**CENTRAL FAX CENTER****MAR 25 2005****FAX TRANSMISSION****DATE:** March 25, 2005**PTO IDENTIFIER:** Application Number 09/719,580-Conf. #2233  
Patent Number**Inventor:** Yoshiki Nakagawa et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** CONNOLLY BOVE LODGE & HUTZ LLP

Burton A. Amernick

**PHONE:** (202) 331-7111**Attorney Dkt. #:** 21581-00234-US**PAGES (Including Cover Sheet):** 13**CONTENTS:** Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Fee Transmittal (1 page)  
Notice of Appeal (1 page)  
Amendment After Final (8 pages)  
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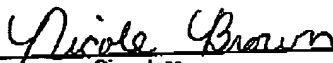
Application No. (if known): 09/719,580

Attorney Docket No.: 21581-00234-US

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Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Notice of Appeal (1 page)

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PTO/8B/17 (12-04v2)

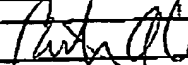
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4318). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number <b>09/719,580-Conf. #2233</b> Filing Date <b>March 9, 2001</b> First Named Inventor <b>Yoshiki Nakagawa</b> Examiner Name <b>T. Zalukaeva</b> Art Unit <b>1713</b> Attorney Docket No. <b>21581-00234-US</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>1,520.00</b>			

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <b>22-0185</b> Deposit Account Name: <b>Connolly Bove Lodge &amp; Hutz LLP</b>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>																					
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																					
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)														
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)															
Utility	300	150	500	250	200	100															
Design	200	100	100	50	130	65															
Plant	200	100	300	150	160	80															
Reissue	300	150	500	250	600	300															
Provisional	200	100	0	0	0	0															
<b>2. EXCESS CLAIM FEES</b>							Small Entity														
<b>Fee Description</b>							Fee (\$)														
Each claim over 20 (including Reissues)							50														
Each independent claim over 3 (including Reissues)							200														
Multiple dependent claims							360														
<table border="0"> <tr> <td><u>Total Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> <td><u>Multiple Dependent Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>_____ - 20 = _____</td> <td>x _____</td> <td>= _____</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____ - 20 = _____	x _____	= _____					
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>															
_____ - 20 = _____	x _____	= _____																			
<table border="0"> <tr> <td><u>Indep. Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>_____ - 3 = _____</td> <td>x _____</td> <td>= _____</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				_____ - 3 = _____	x _____	= _____					
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_____ - 3 = _____	x _____	= _____																			
<b>3. APPLICATION SIZE FEE</b> If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																					
<table border="0"> <tr> <td><u>Total Sheets</u></td> <td><u>Extra Sheets</u></td> <td><u>Number of each additional 50 or fraction thereof</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>_____ - 100 = _____</td> <td>/ 50</td> <td>_____ (round up to a whole number) x _____</td> <td>= _____</td> <td></td> </tr> </table>							<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____ - 100 = _____	/ 50	_____ (round up to a whole number) x _____	= _____						
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																	
_____ - 100 = _____	/ 50	_____ (round up to a whole number) x _____	= _____																		
<b>4. OTHER FEE(S)</b> Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month 1401 Notice of appeal																					
							1,020.00														
							500.00														

<b>SUBMITTED BY</b>		Registration No. <b>24,852</b>	Telephone <b>(202) 331-7111</b>
Signature 	Name (Print/Type) <b>Burton A. Amernick</b>	Date <b>March 25, 2005</b>	